



## **CODE SILVER**

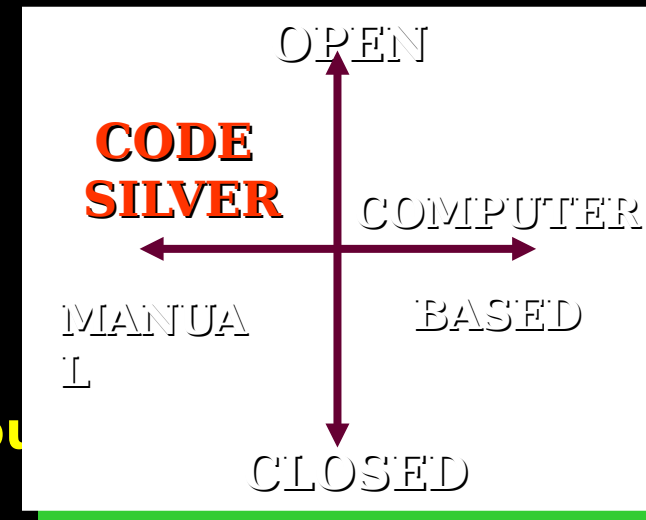
### **Lessons Re-Learned**

**This briefing is**  
**UNCLASSIFIED**



# CODE SILVER Description

- **Table top (seminar) game - “local” terrorist event**
  - **Biological and chemical scenario (one-half day each)**
  - **Follow on action focused (versus 1<sup>st</sup> response only)**
- **Open/manual (vs closed and computer based)**
  - **Open - All information available to all players**
  - **Manual - Human moderator**
- **Contract moderated**
  - **Scenario and input driven**
  - **Player curiosity and participation determine success.**
- **Decision Based....**
  - **Game of “what if?” and “how should we respond?”**





# **CODE SILVER**

## **Objectives/Participants**

- **Objectives - stress you without white flag!**
  - **Identify Plan Shortfalls/LIMFAC**
    - **Base records action points**
  - **Cultivate/mature relationships**
  - **Sustainment training tool left**
- **Not focused on exercising command and control**
- **Participants**
  - **Medical Disaster Team Chiefs**
  - **Installation IRE/DCG Representatives**
  - **Community Representatives**
- ***No-Fault exercise, general issues compiled/forwarded***



# R.O.E

- **Use your experts**
- **Reach out and touch your resources**
  - **Discuss issues “across the table”**
  - **Table arrangement/seating is on purpose**
- **Input/response should be realistic**
  - **“All things considered”**
  - **Focus on main issues, avoid train wrecks over details**
- **Role play -**
  - **“Acting” not required**
  - **Stay with the exercise (avoid anticipating)**
- **“Vignette” - side discussions at senior player discretion**
- **Need your feedback**



# OBSERVATIONS

- **A lack of standardization is evident throughout the Air Force in terms of installations' disaster response tactics, techniques and procedures, response mechanisms and notifications and depth of relationships with local community responders.**
- **General lack of integrated planning, training and exercising of installation assets for response to chemical and biological incidents**



# OBSERVATIONS

- **Generally poor level of integration with local community response agencies and inadequate understanding of local capabilities, which often exceed installation capabilities.**
- **Biological agents and the diseases they cause appear to be the least understood aspect of the CBRNE threats. Issues such as quarantine, mass prophylaxis planning and disease surveillance and investigations are only now garnering attention from planners.**



# OBSERVATIONS

- Issue: Rules of Engagement
- Issue: Protection of First Responders
- Issue: Access of Key Personnel



# OBSERVATIONS

- Issue: Shelter-in-Place Procedures
- Issue: Approaching Unknown Scene
- Issue: Incident Site Management/  
Incident Command System





# OBSERVATIONS

- **Issue: Comfort Kits**
- **Issue: Tracking Patient Belongings**
- **Issue: Mutual Aid Agreements**



# OBSERVATIONS

- **Issue: MDG Integration of Plans with On-Base/Off-Base Agencies**
- **Issue: Communication between MTF and Local Hospitals**
- **Issue: Survey Equipment**



# OBSERVATIONS

- Issue: Role of Initial Medical Response Element
- Issue: Broad Spectrum of Patients
- Issue: Multiple Casualty Collection Points



# OBSERVATIONS

- Issue: Trigger to Transition MTF to MASCAL
- Issue: MTF Security Team Actions
- Issue: Joint Information Center (JIC)



# OBSERVATIONS

- **Issue: Syndromic Surveillance Systems**
- **Issue: Integration of Surveillance with Local Community**
- **Issue: Quarantine Plan/Restriction of Movement**



# OBSERVATIONS

- **Issue: Prophylaxis Plan**
- **Issue: Joint Epidemiological/Evidentiary Investigation**
- **Issue: Recovery and Storage of Contaminated Remains**



# OBSERVATIONS

- **Reliance on off base assets**
- **Communication with off base agencies**

